HCFA-PM-91-4 Revision:

AUGUST 1991

(BPD)

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OMB NO.: 0938-

State:

VERMONT

Agency*

Citation(s)

Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

1902(a)(10) (A)(ii)(VIII) of the Act



- 8. A child for whom there is in effect a State adoption assistance agreement (other than under title IV-E of the Act), who, as determined by the State adoption agency, cannot be placed for adoption without medical assistance because the child has special needs for medical or rehabilitative care, and who before execution of the agreement-
 - a. Was eligible for Medicaid under the State's approved Medicaid plan; or
 - b. Would have been eligible for Medicaid if the standards and methodologies of the title IV-E foster care program were applied rather than the AFDC standards and methodologies.

The State covers individuals under the age of--

21

20

19

18

TN No. Supersedes TN No.

Approval Date

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B. Optional Groups Other Than the Medically Needy (Continued)

Groups Covered

42 CFR 435.223 XX

9. Individuals described below who would be eligible for AFDC if coverage under the State's AFDC plan were as broad as allowed under title IV-A:

1902(a)(10) (A)(ii) and 1905(a) of the Act X Caretaker relatives
X Pregnant women

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State: VERMONT

Agency* Citation(s)

Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

42 CFR 435.230 XX 10. States using SSI criteria with agreements under sections 1616 and 1634 of the Act.

The following groups of individuals who receive only a State supplementary payment (but no SSI payment) under an approved optional State supplementary payment program that meets the following conditions. The supplement is—

- a. Based on need and paid in cash on a regular basis.
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
- c. Available to all individuals in the State.
- d. Paid to one or more of the classifications of individuals listed below, who would be eligible for SSI except for the level of their income.
- X (1) All aged individuals.
- $\frac{X}{}$ (2) All blind individuals.
- X = X (3) All disabled individuals.

TN No. 91-12 Supersedes TN No. 86-14

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Ager

ency* Citation(s)			Groups Covered
	B. <u>Optiona</u> (Contir	ıl Group nued)	os Other Than the Medically Needy
		(4)	Aged individuals in domiciliary facilities or other group living
42 CFR 435.230		(5)	arrangements as defined under SSI. Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.
		(6)	Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.
_		(7)	Individuals receiving a Federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
	_	(8)	Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
		(9)	Individuals in additional classifications approved by the Secretary as follows:

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Supersedes	Approval Date	4/27/92	Effective Date	11/1/91
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Agency* Citation(s)

Groups Covered

42 CFR 435,230

B. Optional Groups Other Than the Medically Needy (Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

Yes.

X No.

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

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ATTACHMENT 2.2-A

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Agency*	Citation(s)			Groups Covered
		в.	Optiona) (Continu	Groups Other Than the Medically Needy ed)
42 CFR 435. 230 435.121 1902(a)(10) (A)(ii)(XI) of the Act	21 a)(10)		wit	tion 1902(f) States and SSI criteria States hout agreements under section 1616 or 1634 the Act.
		a S opt tha	following groups of individuals who receive tate supplementary payment under an approved ional State supplementary payment program t meets the following conditions. The plement is	
			a.	Based on need and paid in cash on a regular basis.
	-		b.	Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
			c.	Available to all individuals in each classification and available on a Statewide basis.
			d.	Paid to one or more of the classifications of individuals listed below:
				(1) All aged individuals.
				(2) All blind individuals.
				(3) All disabled individuals.
	01 10			

TN No. - Approval Date <u>4/27/92</u> Supersedes
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HCFA-PM-91-4 ATTACHMENT 2.2-A Revision: (BPD) AUGUST 1991 Page 18 0938-OMB NO.: VERMONT State: ___ Agency* Citation(s) Groups Covered Optional Groups Other Than the Medically Needy (Continued) Aged individuals in domiciliary (4) facilities or other group living arrangements as defined under SSI. (5) Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI. Disabled individuals in domiciliary (6) facilities or other group living arrangements as defined under SSI. Individuals receiving federally administered optional State supplement (7) that meets the conditions specified in 42 CFR 435.230.

(8)

(9)

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TN No. 91-1Approval Date 4/37/92

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HCFA ID: 7983E

Individuals receiving a State

classifications approved by the

Individuals in additional

Secretary as follows:

42 CFR 435.230.

administered optional State supplement that meets the conditions specified in

AFEIN.

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State:	VERMONT	OMB NO.: 0938-
Citation(s)	Gro	ups Covered
В.	(Continued) The supplement	er Than the Medically Needy varies in income standard by ivisions according to differences.
		for optional State supplementary isted in Supplement 6 of -A.
	AUGUST 1991 State: Citation(s)	HCFA-PM-91-4 AUGUST 1991 State: VERMONT Citation(s) Gro B. Optional Groups Oth (Continued) The supplement political subd cost-of-living Yes No The standards payments are 1

TN No. 91-1. Supersedes TN No. None Approval Date Effective Date 11/1/91 HCFA ID: 7983E

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Agency*	Citation(s)		Groups Covered	
	В.	Optional Groups Other Than the Medically Needy (Continued)		
42 CFR 435.231 /XX 1902(a)(10) (A)(ii)(V) of the Act		12.	Individuals who are in institutions for at least 30 consecutive days and who are eligible under a special income level. Eligibility begins on the first day of the 30-day period. These individuals meet the income standards specified in Supplement 1 to ATTACHMENT 2.6-A .	
		∠x x	The State covers all individuals as described above.	
			The State covers only the following group or groups of individuals:	
(ii)	(a)(10)(A) and 190 <u>5(</u> a) he Act		Aged Blind Disabled Individuals under the age of 21 20 19 18	
			Caretaker relatives Pregnant women	

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[X]

[X]

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State: VERMONT

Agency* Citation(s)

Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

1902(e)(3) of the Act

13. Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid under the plan if they were in a medical institution, and for whom the State has made a determination as required under section 1902(e)(3)(B) of the Act.

<u>Supplement 3 to ATTACHMENT 2.2-A</u> describes the method that is used to determine the cost effectiveness of caring for this group of disabled children at home.

1902(a)(10)
(A)(ii)(IX)
and 1902(l)
of the Act

- 14. The following individuals who are not mandatory categorically needy whose income does not exceed the income level (established at an amount above the mandatory level and not more than 185 percent of the Federal poverty income level) specified in <u>Supplement 1 to ATTACHMENT 2.6-A</u> for a family of the same size, including the woman and unborn child or infant and who meet the resource standards specified in <u>Supplement 2 to ATTACHMENT 2.6-A</u>:
 - a. Women during pregnancy (and during the 60-day period beginning on the last day of pregnancy); and
 - b. Infants under one year of age.

TN No. 91-12 Supersedes

TN No.: 91-2

and TN 87-14 page 17 and TN 90-10 page 17a

Approval 4/27/92

Effective Date: 11/1/91